

Membership Reinstatement Application



World Headquarters
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Web Site www.iaap-hq.org

Member-at-Large may submit to Headquarters. Member of Chapter/Division or Division only should submit to appropriate unit treasurer and include appropriate unit dues as established by the unit.

A member who has forfeited membership for any reason and wishes to reinstate within the next two years may do so by paying the appropriate amount listed below, which includes the current year's dues and processing fee, and shall retain membership tenure.

		*
Professional	\$ 68	\$ 90
Student	22	40
Professional-Merited	39	58
Associate	155	175

A member who has forfeited membership for any reason and has permitted more than two years to lapse shall reapply as a new member by paying the appropriate amount listed below, which includes the current year's dues and processing fee, and tenure of past membership shall be forfeited.

		*
Professional	\$ 68	\$ 90
Student	22	40
Professional-Merited	39	58
Associate	155	175

*Any member who resides outside the United States, its territories, Puerto Rico, the Virgin Islands of the United States, or Canada.

Please Print or Type—MEMBERSHIP CLASSIFICATION (check one)

Professional Student Professional-Merited Associate

Total Dues Association \$ _____ Chapter \$ 18 Division \$ 20 = \$ _____
See above Total

Name of Chapter BANIA Chapter No. 553275 Division 553000

Credit Card No. _____ Amount \$ _____
 Check One: Visa MasterCard Discover American Express
 Print Name of Cardholder _____
 Signature of Cardholder _____ Expiration _____
All credit card charges must be signed Month/Year

To comply with USPS Section E.212.1.2, DMM: dues for members of the association include \$15 subscription to *OfficePRO*® magazine which may not be deducted from gross dues.

Headquarters Use Only
 ID _____
 Member Type _____ Status _____
 Join Date _____
 Exp Date _____
 Chapter No. _____
 Division No. _____
 *Total Amount Paid \$ _____
 Processing \$ _____
 Reinstatement \$ _____
 Chapter Ref \$ _____
 Division Ref \$ _____
 Prepay Account # _____
 Prepay Amount \$ _____
 Source Code _____
 Check No. _____

Name First _____ Middle Initial _____ Last _____
 Title _____ SS No. _____
(OPTIONAL)
 Employer _____
 *Bus Address _____
 City _____ ST/PR _____ ZIP/PC _____
 *Res Address _____
 City _____ ST/PR _____ ZIP/PC _____
 Phone Bus (____) _____ Res (____) _____
 Fax (____) _____
 E-Mail Home _____ Work _____
 *Please check one address preference for association mail.
 Check here if you do not wish to receive nonassociation mail.
 Signature of Applicant _____ Date _____